CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 4	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	MI Careful	OFFICE USE ONLY	
NAME	NICKNAME LAST Ritchie	Gary suffix	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	10110.000	SITY: STATE: 7IP CODE	TARRANT C 2016 JUL 12 ELECTRONIC PRIME BY:	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER	EXTENSION	Date Hand-performative	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MS· NICKNAME Ables		Receipt # 2 Amount \$ Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOY DI FASE) ADT / SU	IITE 4. OITV. STATE;	ZIP CODE	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION		
9 REPORT TYPE	January 15 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year		Day Year 30 / 1φ	
11 ELECTION	ELECTION DATE Month Day Year Primary	ELECTION TYPE Runoff Other Description		
12 OFFICE	OFFICE HELD (" any) Justice of the Peace, Precinct 6	13 OFFICE SOUGHT (if known)		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	R. Gari		Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER' KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTIC OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME	TA 2011 ELEC BY:		
	GENERAL		6.		
		COMMITTEE ADDRESS	FILED TARRANT CO 2016 JUL 12 A LECTION ATMIN		
Additional Pages		COMMITTEE CAMPAIGN TREASURER NAME	DUNTY AM 9: 36		
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS	ON 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$				
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 200.00		
EXPENDITURE		POLITICAL EXPENDITURES OF \$100 OR LESS, S ITEMIZED	\$ 0		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 130.00		
CONTRIBUTION BALANCE	5. TOTAL I OF REP	\$192.00			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD				
My Co	STHER PEREZ Public, State of Texa: pmmission Expires Acy 02, 2018	A. Duy			
AFFIX NOTARY STAMP / SEAL ABOVE					

Sworn to and subscribed before me, by the said <u>R. Cary Ritchie</u> day of <u>AUL</u>, 20 <u>IL</u>, to certify which, witness my hand and seal of office.

day of

Signature of officer administering oath

Printed name of officer administering oath

rez

Notary Public

Title of officer administering oath

this the

LOANS			SCHEDULE E		
The	1 Total pages Schedule E:				
² FILER NAME R. G	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UN	\$200.00				
5 Date of loan 2/26/16	7 Name of lender [] out-of-state PAC (ID#:) R. Gary Ritchie		9 Loan Amount (\$) \$200.00		
6 is lender a financial Institution?	8 Lender address; City; State; Zip Code 1040 (Stone Will Drive		10 Interest rate		
Y (V)	Benbrook, Texas 7	76026 11 Maturity date			
	12 Principal occupation / Job title (See Instructions) JUSTICE OF the Peace, Pct. 6 Tavrant Cou		bunty		
14 Description of Collateral 15 Check if personal funds we account (See Instructions)		15 Check if personal funds were account (See Instructions)	deposited into political		
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
not applicable	8 ^{r::} 20				
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	ARRA FRA		
Date of loan	Name of lender out-of-state PAC (ID#:)				
ls lender a financial Institution? Y N	Lender address; City; State; Zip Code		Interest rate of the second se		
Principal occupation / Job title (See Instructions) Employer (See Instructions)		L			
Description of Collateral		Check if personal funds were deposited into political account (See Instructions)			
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)		
Guarantor address; City; State; Zip Code					
Principal Occupation (See Instructions)		Employer (See Instructions)	I		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

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SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
	The Instruction Guide explain	ns how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME R. Gary	Ritchie	3 Filer ID (Ethics Commission Filers)		
4 Date 2/26/16					
6 Amount (\$) \$130.00 \$101 Bryant Irvin Road Forf Worth, Texas 76132-4135					
8	(a) Category (See Categories listed at the top of this s	schedule) (b) Description			
PURPOSE			tside of Texas. Complete Schedule T.		
OF EXPENDITURE	Fees		, TX, officeholder living expense		
		Payment	of P.O. Boy		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Z	žip Code	TARRA 2016 JUL ELECTICIS		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this s	Check if travel out	side of Texas. Complete Schedulen T		
Complete ONLY if direct	Candidate / Officeholder name	Office sought			
expenditure to benefit C/OF			DR 7		
Date	Payee name				
Amount (\$)	Payee address; City; State; Z	Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this t	Check if travel out	lside of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

Forms provided by Texas Ethics Commission